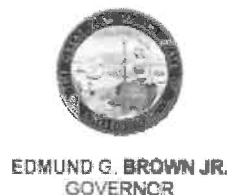




STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P STREET, MS 8-3-54
SACRAMENTO, CA 95814



March 05, 2013

NORTHWEST PASSAGE CHILD & ADOLESCENT CENTER-
602300075
203 UNITED WAY DRIVE
FREDERIC, WI 54837

RE: Certification by the California Department of Social Services (CDSS)

Capacity : 35
Population Served : Females ages 12-17 (Northwest Passage III)
Males & Females ages 6-17 (Assessment Center)

Pursuant to California Family Code, Section 7911 et al., this is official notification that Northwest Passage is certified by the CDSS effective March 1, 2013.

California licensing standards require that all serious incidents be reported to CDSS Out-of-State Placement Policy Unit for each child in care regardless of whether he or she is a California placement. Incident reporting shall include the following:

- a. Deaths
- b. Suicide attempts
- c. Suspected physical, sexual, or psychological abuse
- d. Epidemic outbreaks and catastrophes
- e. Injuries and illnesses that require hospitalization or medical treatment (beyond first-aid)
- f. Use of restraint (whether or not they result in an injury to a child)
- g. Any unusual incident or absence that threatens the health or safety of a child

Certification will be reviewed annually. We will follow our Department policy which authorizes us to inspect facilities with or without an appointment as necessary.

If you have any questions please contact me at (916) 651-5380, or Carol Lancaster, Out-of-State Certification Analyst, at (916) 838-5751.

Sincerely,

MEI YUK KUNG
Program Chief

C: Rosalind Hyde, Deputy Compact Administrator, ICPC/Out-of-State Placement & Policy Unit

STATE OF CALIFORNIA
FACILITY EVALUATION REPORT

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 744 P STREET, MS 8-3-54
SACRAMENTO, CA 95814

FACILITY NAME: NORTHWEST PASSAGE CHILD & ADOLESCENT CENTER
FACILITY NUMBER: 602300075
ADMINISTRATOR: ELLEN RACE
FACILITY TYPE: 731
ADDRESS: 203 UNITED WAY DRIVE
TELEPHONE: (715) 327-4402
CITY: FREDERIC
STATE: WI
ZIP CODE: 54837
CAPACITY: 35
DATE: 02/12/2013
TYPE OF VISIT: ~~Case Management~~ *Initial Certification* **CENSUS:** 34
ANNOUNCED
TIME BEGAN: 09:27 AM
MET WITH: Ellen Race; Program Director; Carrie Lillehaug, Admissions
TIME COMPLETED: 02:13 PM

NARRATIVE

PURPOSE OF VISIT:

As mandated by California law, this was an initial pre-certification visit performed February 12, 2013 by the undersigned analyst to assess and determine if Northwest Passage in Frederic, Wisconsin is suitable for certification as an out-of-state group home provider by the California Department of Social Services (CDSS.)

To be suitable as an out-of-state group home provider, the CDSS requires the facility to be in substantial compliance with California's Title 22 licensing regulations as they apply to group homes in California as well as being licensed and in good standing with the state the facility is located, in this case, the state of Wisconsin.

REQUEST FOR CERTIFICATION/APPLICATION HISTORY:

Certification of Northwest Passage was requested in writing by Los Angeles County Department of Children and Family Services based on a juvenile court minute order dated January 4, 2013 from the Los Angeles County Superior Court. The minute order authorized the placement of a hard-to-place specific female youth who is a 300 W&I dependent under their jurisdiction. Currently, the dependent is in another out-of-state facility certified by the CDSS; however, that facility served a 30-day notice on her back in October 2012. Efforts to return her to a foster care facility back in California or to place her in another out-of-state group home already certified by the CDSS have not been successful as she has been denied by all as not being suitable for their programs.

SUPERVISOR'S NAME: Mei Yuk Kung

TELEPHONE: (916) 327-8763

LICENSING EVALUATOR NAME: Carol Lancaster

TELEPHONE: (916) 838-5751

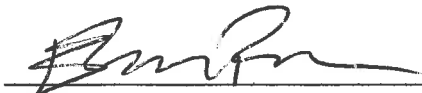
LICENSING EVALUATOR SIGNATURE:



DATE: 03/05/2013

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/05/2013

This report must be available at Child Care and Group Home facilities for public review for 3 years.

FACILITY EVALUATION REPORT (Cont)**FACILITY NAME:** NORTHWEST PASSAGE CHILD &
ADOLESCENT CENTER**FACILITY NUMBER:** 602300075**VISIT DATE:** 02/12/2013**NARRATIVE****FACILITY AND PROGRAM INFORMATION:**

Northwest Passage was established as a 501(c)(3) non-profit organization in 1979 and provides treatment and assessment services for children and adolescents in the form of residential treatment facilities, assessment programming and transitional group home settings. Northwest Passage has three residential and one 90-day assessment program at two different Wisconsin locations. Northwest Passage III and the Child and Adolescent (Assessment) Center are at the Frederic, Wisconsin location; Northwest Passage I and II are located in another area of Wisconsin and are not included in this certification.

While Northwest Passage III and the Child and Adolescent (Assessment) Center share the same building as a physical plant, residential housing and programming operate separately and independently of one another. The clients do not co-mingle.

Northwest Passage III is a 16-bed program for adolescent females ages 12-17; the Assessment Center is co-ed; serves youth ages 6-17 and has a bed capacity of 19 beds.

The programming at Northwest Passage is centered on blending mental health treatment with teaching personal responsibility to troubled adolescents as a means of helping them find ways past life's struggles. Sophisticated treatment modalities share a foundation that teaches clients about the value of healthy relationships. All clinical services are fully integrated and provided by the following who occupy full-time positions on staff:

- Child and Adolescent Psychiatrist
- Medical Director/Pediatrician
- Pediatric Neuropsychologist and Senior Pediatric Neuropsychologist
- Mental Health Clinician who utilizes an approach informed by Dialectical Behavior Therapy and who is also a certified Equine Assisted Growth and Learning Association clinician utilizing horse-facilitated experiential learning.

The Program Director, Ellen Race, has a Bachelor's Degree in Social Work and is currently pursuing her MSW (anticipated degree to be awarded May 2014.) Ellen has been with organization since 2000 - beginning as a Case Manager Intern, then succeeding to Case Manager, Lead Case Manager, Assistant Director to Program Director.

SUPERVISOR'S NAME: Mei Yuk Kung**TELEPHONE:** (916) 327-8763**LICENSING EVALUATOR NAME:** Carol Lancaster**TELEPHONE:** (916) 838-5751**LICENSING EVALUATOR SIGNATURE:****DATE:** 03/05/2013
I acknowledge receipt of this form and understand my appeal rights as explained and received.**FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 03/05/2013

FACILITY EVALUATION REPORT (Cont)**FACILITY NAME:** NORTHWEST PASSAGE CHILD &
ADOLESCENT CENTER**FACILITY NUMBER:** 602300075**VISIT DATE:** 02/12/2013**NARRATIVE**

- 1
2 Residential care workers generally have bachelor's degrees in a human services field and daytime staffing is
3 maintained at a minimum of 1:4 (awake night staff at 1:8.)
4
5
6 EDUCATIONAL PROGRAM SERVICES:
7
8 Youth placed at the facility attend an on-grounds school.
9
10 WISCONSIN LICENSING INFORMATION:
11
12 The facility is licensed as a Residential Care Center by:
13
14 Wisconsin Department of Children and Families
15 Child Welfare Licensing Section
16 201 East Washington Ave, E200
17 Madison, WI 53703
18
19 (608) 267-7932
20
21 A copy of the facility's Wisconsin license was acquired and contact was made with the Wisconsin Licensing
22 Analyst who reported the facility is in good standing with no administrative actions pending.
23
24 CRISIS DE-ESCALATION, PREVENTION AND INTERVENTION
25
26 Staff are trained in verbal and physical (non-violent) crisis intervention through the Crisis Consultant Group,
27 LLC, Virginia.
28
29 The facility also utilizes a Seclusion (Protective Separation) Room that is continuously monitored by staff
30 when used.
31
32

SUPERVISOR'S NAME: Mei Yuk Kung**TELEPHONE:** (916) 327-8763**LICENSING EVALUATOR NAME:** Carol Lancaster**TELEPHONE:** (916) 838-5751**LICENSING EVALUATOR SIGNATURE:****DATE:** 03/05/2013
I acknowledge receipt of this form and understand my appeal rights as explained and received.**FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 03/05/2013

FACILITY EVALUATION REPORT (Cont)**FACILITY NAME:** NORTHWEST PASSAGE CHILD &
ADOLESCENT CENTER**FACILITY NUMBER:** 602300075**VISIT DATE:** 02/12/2013**NARRATIVE****SCOPE OF REVIEW:**

- Collection and review of application material.
- Contact with Wisconsin licensing authorities - - to include verification of staff background clearance process and adequate monitoring.
- Verification to support that the facility has adequate fire and health department clearances through Wisconsin oversight authorities.
- On-site visit included:
 - Entrance interview conducted with group home director, admissions director and various staff on duty.
 - Tour of the group home and grounds.
 - Examination of furniture, bedding, equipment and supplies, kitchen, menus, food supply, storage space, medical office, recreation space and school/educational related space and amenities.
 - Exit interview.

FINDINGS & RECOMMENDATION

Based on application material collected and the on-site review/inspection conducted, the facility was found to be clean, safe, sanitary and in good repair and to meet or exceed California group home licensing standards. Treatment services and staffing were found to be extensive. The facility did not appear to be engaging in any practices that violate client personal rights.

Therefore, certification is approved.

This certification is good for one year and is contingent on the facility continuing to cooperate and provide additional information and documentation on facility policies and procedures if requested by CDSS.

The facility will also be required to document and report serious incidents, including restraints and the use of the seclusion room, to the CDSS on an ongoing basis, regardless of whether the client is a California placement or not. For confidentiality reasons, all incident reports on youth who are not foster children from California shall have the child's name redacted from the report.

SUPERVISOR'S NAME: Mei Yuk Kung**TELEPHONE:** (916) 327-8763**LICENSING EVALUATOR NAME:** Carol Lancaster**TELEPHONE:** (916) 838-5751**LICENSING EVALUATOR SIGNATURE:****DATE:** 03/05/2013
I acknowledge receipt of this form and understand my appeal rights as explained and received.**FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 03/05/2013